

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Marc Fishman

(List the full name(s) of the plaintiff(s)/petitioner(s).)

18 cv 282 (KMK) ( )

-against-

**MOTION FOR LEAVE TO  
PROCEED IN FORMA  
PAUPERIS ON APPEAL**

Office of the Court Administration

New York State Courts, New York

(List the full name(s) of the defendant(s)/respondent(s).) Don Wentz,  
Michelle Dambrosio

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

4/3/2020

Dated

[Signature]

Signature

Fishman, Marc H.

Name (Last, First, MI)

3200 Netherland Ave Apt G Bronx NY 10463

Address

City

State

Zip Code

(914) 837 3209

Telephone Number

rentdriver@gmail.com

E-mail Address (if available)

*Granted in form Pauperis* District Court with Judge (Kearney)  
**Application to Appeal In Forma Pauperis**

*Fishman* v. *OCA F&A* Appeal No. \_\_\_\_\_

District Court or Agency No. \_\_\_\_\_

<b>Affidavit in Support of Motion</b>  I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)  Signed: <i>[Signature]</i>	<b>Instructions</b>  Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.  Date: <i>4/3/2020</i>
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My issues on appeal are: (required): *Denial of American with Disabilities Act Accommodations, retaliation by State Court for my disabilities and Disability Discrimination Against me and My disabled sons*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	<del>\$</del>	\$ 2000	<del>\$</del>
Self-employment	\$ 3000	<del>\$</del>	\$	<del>\$</del>
Income from real property (such as rental income)	\$ 1000	<del>\$</del> <i>Divorced</i>	\$ 1000	<del>\$</del> <i>Divorced</i>

Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): No Fault	\$ 300	\$	\$ 0	\$
<b>Total monthly income:</b>	\$ 4,300	\$ 0	\$ 3,000	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Self Employed	3200 Nethell	7/10 to Present	\$ 3000
Paul Esch	Ave Bx NY 10463		\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
Divorced			\$
			\$

4. How much cash do you and your spouse have? \$ 1,000

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Csp One	Checking	\$1,000	
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ None	(Value) \$ 70K	(Value) \$ No Car Owned
	Renel Apt.	Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
None	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. (4 kids)

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
Joanne Fishman	Daughter	16
Jonah Fishman	Son	14
Skye Fishman	Son	12
Aiden Fishman	Son	12

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 1,100	
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 200	
Home maintenance (repairs and upkeep)	\$ 0	
Food	\$ 800	
Clothing	\$ 100	
Laundry and dry-cleaning	\$ 100	
Medical and dental expenses	\$ 2,000	

- 4 -  
Am Disabled with Neurostimulator Implants

Transportation (not including motor vehicle payments)	\$ 100	\$ 1
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$ 300	\$
Health:	\$ 130	\$
Motor vehicle:	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 1500	\$
Installment payments		
Motor Vehicle:	\$ 0	\$
Credit card (name): Chase, Capital One, Discover	\$ 800	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 200	\$
Other (specify):	\$ 0	\$
<b>Total monthly expenses:</b>	<b>\$ 8330</b>	<b>\$ 0</b>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes

☐ No

If yes, describe on an attached sheet.

Higher Debt  
 Due to inability to work due to Covid

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ \_\_\_\_\_

None

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Am disabled, Have high medical  
therapy and dental bills due to Car  
Accident

12. Identify the city and state of your legal residence.

City Bronx State NY

Your daytime phone number: (914) 837 3208

Your age: 47 Your years of schooling: 14

Last four digits of your social-security number: 8611